

Figure SC850.F21. ES-936, "Request for Verification of UCFE Wages and Separation Information Furnished on Form ES-931"

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF UNEMPLOYMENT COMPENSATION
BUREAU OF CLAIMS AND BENEFITS
REQUEST FOR VERIFICATION OF UCFE WAGE AND
SEPARATION INFORMATION FURNISHED ON FORM ES-931

1. CLAIMS OFFICE
Jacksonville

SECTION I: IDENTIFICATION DATA

2. NAME (Last, First, Middle; Maiden, if any) Smith, Jane	3. SOCIAL SECURITY NUMBER(S) 111-11-1111	4. DATE OF BIRTH 8/6/52
5. POSITION TITLE Engineer	6. PLACE OF EMPLOYMENT Jacksonville	7. DATE OF FORM ES-931 REQUEST 7/10/95

TO:
Department of the Army
U.S. Army Engineer District
CESAD-HR-JL P.O. Box 4970 Jacksonville, FL 32232-0019

COMPLETE SECTION II AND RETURN
WITHIN 4 DAYS.

8. SIGNATURE (State Agency Representative)	9. TITLE	10. DATE
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INSTRUCTIONS: The U.S. Department of Labor has requested us to verify periodically the accuracy of information previously furnished by Federal agencies on Form ES-931, Request for Wage and Separation Information - UCFE. Please have your payroll supervisor, certifying officer, or other authorized official personally review data from which the Form ES-931 cited above was completed in accordance with your agency's instructions pertaining to the Unemployment Compensation for Federal Employees program (5 U.S.C. 8501 et seq.).

SECTION II: FEDERAL AGENCY TO COMPLETE

1. Post "Total Employee Wages" from payroll record(s); do not copy from file copy of completed Form ES-931. If a pay record for any portion of the period covered has been sent to the National Personnel Records Center, it should be obtained before item 1b is completed and the State agency should be notified concerning the delay.

a. Do you have a payroll record(s) for this employee?
If "No," explain: ☒ Yes ☐ No

b. State agency to insert dates and Federal agency payroll office to insert wages.	BASE PERIOD DATES		TOTAL EMPLOYEE WAGES
	Beginning	Ending	
	4/1/94	3/31/95	\$ 32,000

2a. Do you have a copy of the Form ES-931? ☒ Yes ☐ No

b. Do you have an alphabetical-by-name file of Forms ES-931? ☐ Yes ☐ No

3. Was the State (or, if outside U.S., country) reported on Form ES-931, item 1b, the same as shown on SF-50, item 25, "Duty Station," or, if SF-50 is not used, the same as the duty station or equivalent entry as shown on the separation document your agency uses? ☒ Yes ☐ No

4. Do you understand that any (a) severance pay, or (b) lump-sum payment for terminal annual leave, to be reported separately on Form ES-931, is not to be included as base-period wages (see 1b above)? ☒ Yes ☐ No

5. Were the reasons for separation reported on Form ES-931, item 3d, at least as complete as the information shown in both the "Nature of Action" and "Remarks" sections of SF-50 (items 12 and 30), or equivalent document, separating this employee? ☒ Yes ☐ No

This is the minimum information required on Form ES-931. Additional facts regarding separation may be entered on Form ES-931 if agreed to by your personnel office.

If answer is "NO," indicate the source of information you used in completing item 3d of Form ES-931:

6. Certification made on Form ES-931 (Date) 7/14/95

7. Do you have the instructions issued by your agency's headquarters on the UCFE program? ☒ Yes ☐ No

If "No," you should request instructions through the same channels through which you obtain other payroll or personnel instructions from your agency.

(COMPLETE REVERSE)

8. In reviewing the payroll record(s) for this employee, did you discover any error in the information previously furnished on Form ES-931? ☐ Yes ☒ No

If "Yes," give the correct information under "Remarks by Federal Agency" below or on an attached sheet. Any questions you have concerning the operation of the UCFE program may be indicated under remarks.

9. If you wish us to arrange for a visit to discuss your responsibilities in the UCFE program, please indicate.
(This can only be done if your office is located in one of the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, or the Virgin Islands) ☐ Yes ☒ No

CERTIFICATION: The above information has been furnished by someone other than the person who completed the Form ES-931 cited above and based on my review is hereby certified to be a correct and complete report.

SIGNATURE OF OFFICIAL	TITLE	DATE
NAME OF PARENT FEDERAL AGENCY (e.g., Department of Army, FPC, Dept. Interior, NASA)	ADDRESS OF PAYROLL OFFICE (if different from that shown on reverse)	
Department of the Army		
REMARKS BY FEDERAL AGENCY		

RETURN TO: Bureau of Claims and Benefits
Benefit Operations
Caldwell Building
Tallahassee, Florida 32301

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